



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 681

SERIAL NUMBER 09/836,763	FILING DATE 04/17/2001  RULE	CLASS 242	GROUP ART UNIT 3654	ATTORNEY DOCKET NO. TRW(AEC)5797
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APPLICANTS

Cornelius Peter, Buhl, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 100 18 972.5 04/17/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/08/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

26294  
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CLEVEVLAND , OH  
44114

TITLE

BELT RETRACTOR

FILING FEE  RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20531  
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Sheet

CONFIRMATION NO. 6818

FILE NUMBER 09/836,763	FILING DATE 04/17/2001 RULE	CLASS 242	GROUP ART UNIT 3653	ATTORNEY DOCKET NO. TRW(AEC)5797
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## APPLICANTS

Cornelius Peter, Buhl, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

none (WRN)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 100 18 972.5 04/17/2000 (WRN)

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 06/08/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature (WRN)	Initials		

## ADDRESS

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## TITLE

Belt retractor

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit